

the growing problem of drug addiction in rural communities. As we gathered in Rutland in March 2008, the mayor noted in his opening statement that there was a part of him that wished that the committee did not have to be there in his city that day. He wished that his community was not facing the scourge of drug abuse and addiction that was creeping across rural America.

But in true Vermont fashion, Mayor Louras and the other community leaders, law enforcement officials, and health professionals who gathered with us that day in March 2008 did not shy away from the problem. Instead, we had an honest discussion about how to fight this problem together and about how the Federal Government could help. Over the past 8 years, we have continued this important conversation at other hearings I convened in St. Albans, in Barre, and again in Rutland. We have heard testimony from community leaders and officials throughout Vermont about the growing problem of opioid addiction. In St. Albans, for example, Dr. Fred Holmes told us tragic stories about teenagers getting hooked on OxyContin and other opioids and then committing crimes to support their habits. These stories have been heartbreaking.

Despite these difficult circumstances, I am struck by the determination of Vermonters to come together to address this crisis—and to do so not just through law enforcement and locking people up, but through comprehensive prevention, treatment, and recovery programs.

In Rutland, for example, Project VISION brings together city officials, law enforcement, and social services to work together, all in the same office, to confront the problems of drug abuse and related crime. What they have found is that something as simple as sharing office space improves communication and coordination and begins to turn the tide.

Mary Alice McKenzie, executive director of the Boys & Girls Club, testified at the most recent hearing in Rutland about children who are neglected because their parents are opioid addicts and how there is sometimes no money for food because parents have spent it on drugs. Kids are also becoming addicts at younger and younger ages. The Boys & Girls Club has responded by extending evening hours and staying open on Saturdays. They now serve dinner 6 nights a week and drive kids home after dark. They provide safety for these children. They are also working with schools and public health officials to provide education and prevent them from getting swept up in that world.

At that same hearing, Vermont's health department commissioner, Harry Chen, described to us Vermont's innovative and successful "hub and spoke" treatment model. This system has two levels of care, with the patients' needs determining the appro-

priate level. Although challenges remain and waiting lists are still too long, I believe this system can be a model for the Nation's response to the opioid crisis.

Earlier this year, we heard powerful testimony from Governor Shumlin about the progress that Vermont has made because of this comprehensive approach—but also about the work that still remains to be done. Vermont's focused and persistent efforts are now drawing attention and replication in communities across the Nation.

In many ways, the Comprehensive Addiction and Recovery Act, or CARA, builds upon the work in Vermont.

To specifically address the opioid problem in Vermont and other rural areas, I made sure that CARA will help get the overdose-reversal drug naloxone into more of our rural communities. Getting naloxone into more hands will save lives. I also ensured that CARA includes a new Federal grant program to fund expanded treatment options for heroin and opioid abuse and Federal funding to expand State-led anti-heroin task forces.

I am proud to be a cosponsor of CARA, and I am glad to see the Senate pass this bill. This bill is historic because it marks the first time that we are treating addiction like the public health crisis that it is. We are not imposing harsh and arbitrary mandatory minimum sentences on those who abuse drugs. We are not condemning the poor and sick among us to be warehoused in our Nation's jails. Today I am hopeful that we have finally learned our lesson from the failed war on drugs.

But our work is not done. The Senate missed an opportunity to provide real funding for this effort when Republicans blocked Senator SHAHEEN's amendment that would have provided for emergency supplemental appropriations, so we need to keep fighting to ensure that we provide the necessary resources to support implementation of this bill. In Vermont and across this country, there are few issues more pressing than opioid and heroin addiction, and I will not stop working with people throughout our State to help fight this epidemic.

Mr. TESTER. Mr. President, earlier today the Senate overwhelming passed the Comprehensive Addiction and Recovery Act, which is a good first step toward combatting the opioid addiction epidemic facing our Nation. The bill authorizes expanded treatment options and empowers local health and law enforcement agencies to intensify efforts to combat opioid addiction. This bill is a good start, but there is a lot of work left to do to address this increasingly dire situation. This body needs to put real resources behind the initiatives we approved today and place a greater priority on investing in research for non-opioid alternatives to pain management.

The CDC estimated that, in 2014, overdose related to prescription pain

killers killed nearly 19,000 Americans. In Montana alone, according to the Montana Department of Public Health and Human Services, prescription drug overdoses led to at least 369 deaths and more than 7,200 hospital inpatient admissions and emergency department encounters statewide over a recent 3-year period. The effects of opioid addiction are undisputedly devastating.

It is also important to keep in mind that chronic pain is a very real problem that affects millions of Americans. When discussing the negative consequences of opioids, we must also remember that effective treatments for chronic pain are absolutely necessary for those struggling with long-term pain management.

That is why I believe it is time to devote more energy and funding to the development of non-opioid painkillers. Early stage research in my home State of Montana is demonstrating incredible promise in developing non-opioid drugs that could help treat both chronic and acute pain. I am confident that medical professionals will eventually be empowered to offer their patients effective pain management alternatives that may significantly reduce our society's reliance on opioids.

I look forward to working with my colleagues in the coming months to find ways to invest in the research and development of non-opioid painkillers. In the meantime, I encourage Federal agencies, such as the National Institutes of Health, to ramp up focus on finding alternative treatments for chronic pain to reduce our Nation's dependency on opioids. Thank you.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

#### VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's votes.

On S. 524, the Comprehensive Addiction and Recovery Act of 2015, I would have voted yea.

On the motion to table S.J. Res. 31, a joint resolution relating to the disapproval of the proposed foreign military sales to the Government of Pakistan of F-16 Block 52 aircraft, I would have voted yea. •

#### REMEMBERING JUSTICE ANTONIN SCALIA

Mr. INHOFE. Mr. President, on February 13, 2016, Supreme Court Justice Antonin Scalia passed away in his sleep. He was an enduring legacy of the Reagan administration and the conservative standard not only on the Supreme Court but for the entire American judicial community.

History will remember Scalia as a stalwart defender of the Constitution and a brilliant legal mind. He authored the majority opinion on countless rulings of the Court, preserving and protecting our Nation's founding principles. His intellectual honesty, as well as his humor, will be greatly missed.